CORP	MAIL TO: Balance Due Missouri Department of Revenu P.O. Box 3365 Jefferson City, MO 65105-3365	P.O. Box 700	venue
NUMB	ER AND STREET	MO-1120A	7700
CITY OR TOWN, STATE, ZIP CODE Missouri Corporation INCOME TAX Return for 2003		Missouri Corporat FRANCHISE TA Return for 2004	AX
MITS/N	O I.D. NUMBER CHARTER NUMBER FEDERAL I.D. NUMBER Beginning	Beginning, 20	
	Ending, 20 Balance Sheet Date (MMDI	_	
□ N	ddress Change	 □ A. Return filed for BOTH (income and franchise) □ B. Return filed for INCOME tax only □ C. Return filed for FRANCHISE tax only 	
Computation of Income Tax	1. Federal Taxable Income (not less than zero) from Federal Form 1120, Line 30. (Federal Form 1120A, Line 26)	1	00
	 Amount of any state income tax refund included in federal taxable income (attach schedule) Federal Income Tax — Multiply Federal Forms 1120, Schedule J, Lines 6a and 11 OR 1120A, Part 1, Line 6 by 50% 	2 3 4	00 00 00
		5 6	00
Computation of Franchise Tax	Corporations having all assets within Missouri complete Lines 7, 8, 9a, and 10 only Corporations have all assets outside Missouri complete Lines 9b and 10c only	0	00
		7	00
		Ва	00
		Bb Bc	00
	9. Tax Basis:		
		Эа 💮	00
	January 1	9b	00
	NOTE: If your assets in Missouri (Line 9a) do not exceed \$1,000,000 or if you have zero assets apportioned to Missouri (Line 9b) check this box . You do not owe franchise tax. Enter zero in Line 10c. 10. Tax Computation 10a. Tax — 1/30th of 1% (.000333 of Line 9a)	0a	00
	10b. Short periods (for new corporations and change in accounting periods only) Line 10a x (insert number of months in short period) = prorated tax due 12		00
	10c. Corporation Franchise Tax due (Line 10a or Line 10b, whichever applies)	0c	00
Refund or Tax Due Credits/		11	00
		12	00
		13	00
		14 15	00
	16. Amount remitted or amount of tax overpayment to be contributed to the trust funds listed to the right. Children's Veterans Delivered Maisouri Revenue Guard Meals Workers' Memorial Guard Meals Workers' Memorial Servenue Guard Meals Workers' Memorial Servenue Guard Meals Workers' Memorial Meals Workers' Memorial Servenue Guard Meals Workers' Memorial Memorial Meals Workers' Memorial M	6g	00
	1 - 7	17	00
		18	00
	Interest Develor Form MO 2220	19	00
	20. Litter total amount	20	00
	on Entered	21	00
Signature	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any corporation which files a frivolous return.	ny member of his/her	DOR DNLY
	SIGNATURE OF OFFICER (REQUIRED) TITLE OF OFFICER PHONE NUMBER		□ S □ E □ B
	PREPARER'S SIGNATURE (INCLUDING INTERNAL PREPARER) PREPARER'S FEIN, SSN, OR PTIN PHONE NUMBER		⊐ F ⊒ B